CERTIFICATE OF DEATH

Reg. Dist. No. 335

T. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day Immediate cause of death DURATION 9. Birthplace (Town, county, and state) Due to 10. Usual occupation Due to 11. Industry or business Due to 12. Name Due to 13. Bigmpack (Include pregnancy within 3 months of death) 14. Maiden name Duration Duration 15. Birthplace Duration Duration 16. Informant Duration Duration 17. Birth date of death Duration Duration 18. Informant Duration Duration Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Street No. City or town. City or t		
City or town. (If existing city or town limits, write RURAL and give nearest town) Now long in above place of dealh? Now long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6. (c) fingite, married, widowed, or divorced 6. (b) Name of husband or wite 7. Birth date of deceased (mo., day, yr.) 8. AGE: fears Months 9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Rame. 13. Individe name. 14. Malden name. 15. Informant. 16. Informant. 16. Informant. 16. Informant. 16. Informant. 16. Informant. 16. Informant. 17. Place of death about the charged statistically. 18. Address.		7
Street No. (If rure), give LOCATION) Street No. (If rure), give LOCATION) 2.(a) It veleran, name war. 3. (b) Social Security Number 4. Sez 5. Color or race 6. (c) It give, give age. 9. 7. years deceased (mo. day, yt.) 198 6. (c) It give, give age. 9. 7. years deceased (mo. day, yt.) 198 8. AGE: tears Months 10. Usual occupation. 11. Industry or business 11. Industry or business 12. Rame. 12. It made and the conditions (include pregnancy within 3 months of death) 14. Madden name. 15. Informant 15. Informant 16. Informant 16. Informant 17. Informant 18. Informant 19. Industry or pusiness 19. Informant 10. Informant 10. Informant 10. Informant 11. Informant 12. Informant 13. Informant 14. Madden name. Informant 15. Informant 16. Informant 17. Informant 18. Informant 19. Informa	City or town	-
Street No. (If rure), give LOCATION) 3. (a) FUIL NAME 3. (b) Social Security Number 4. Set 5. Color or race 6. (a) Fingle, married, widowed, or divorced 6. (b) Name of husband or wife 7. Birth date of deceased (mo, day, yr.) 8. AGE: Years Months 9. Birthplace 9. Birthplace 11. Industry or business 12. Name 13. Symbols 14. Maiden name 15. Birthplace 16. Informant 17. Birthplace 18. Address Other conditions (If rure), give LOCATION) 2. (c) It veleran, name war. 2. (d) It veleran, name war. 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH 21. LOERTIFY that death occurred on the date above stated; that I attended deceased from and that I last saw h. alive on last of death Due to. 11. Industry or business 12. Name Other conditions Other conditions (Include pregnancy within 3 months of death) Major findings of uperations. Major findings of uperations. Oale of op. Antopay results PHYSICIAN: Please underline the cause to which death should be charged statistically.		outside city or town limits, write RURAL and give nearest town)
How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 8. Set 5. Color or race 6. (c) Single, married, widowed, or divorced 5. (d) Name of husband or wife 6. (c) It plive, give age. 7. Jeirth date of deceased (mo, day, yr.) 8. AGE: Years Months 9. Birthplace 10. Usual occupation. 11. Industry or business 12. Name 13. Sightplace 14. Malden name 15. Birthplace 14. Malden name 15. Birthplace 16. Informant 17. Birthplace 18. Informant 19. Usual occupation. 19. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name 13. Sightplace 14. Malden name 15. Birthplace 16. Informant 17. Birthplace 18. Informant 19. Usual occupation. 19. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name 13. Sightplace 14. Malden name 15. Informant 16. Informant 17. Birthplace 18. Antoppy results PHYSICIAN: Please underline the cause to which death should be charged statistically.	Hospitat, Institution, or street address where death occurred:	Street No. /2 Word A
3. (a) FULL NAME 3. (b) Social Security Number 4. Set 5. Color or race 6. (a) Infigite, married, wildowed, or divorced 6. (b) Name of husband or wife 6. (c) It give, give age		(If rurol, give LOCATION)
4. Set		2.(a) It veteran, name war
4. Sex S. Color or race S. Ca) single, married, widowed, or divorced Color Color Color Color		3. (b) Social Security Number
E. (b) Name of husband or wife	Estoria leuty Grewer	
21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 5. (c) It alive, give age	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
T. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days it less than one day 9. Birthplace	Genele White married	20. DATE OF DEATH October 3/20 1447 21 708 P.
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. 18. AGE: 18. AGE: 18. AGE: 19. Birth date of deceased (mo., day, yr.) 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. 17. Birth date of death. 18. Due to. 19. Cinclude pregnancy within 3 months of death) Major findings of uperations. 18. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	6.(b) Name of husband or wife John Clause Brown.	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation Due to Due		- Jecobeer Storeles Toot feet
8. AGE: Years Months Days It less than one day 39. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name Diher conditions 13. Bigin hade analytic (Include pregnancy within 3 months of death) William of the pregnancy within 3 months of death) Major findings of sperations. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	7. Birth date of	and that I last saw halive on
9. Birthplace (Town, county, and state) 10. Usual occupation		m
9. Birthplace	o, Aut.	Toulet much from pulle
10. Usual occupation. 11. industry or business 12. Name. 13. Bighn and analyses 14. Malden name. 15. Birthplace 16. Interment Address Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	97. V Z 0	
10. Usual occupation. 11. industry or business 12. Name. 13. Bighn and analyses 14. Malden name. 15. Birthplace 16. Interment Address Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	9. Birthplace Westerley Roscource Delle	Due to. Carlestal dealle
11. tridustry or business 12. Name	11	of rifle:
12. Name	10. Usual occupation.	Oue to
14. Malden name. Co. Black College (Include pregnancy within 3 months of death) Major findings of aperations. 15. Birthplace March College Brown Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
14. Malden name. Co. Black College (Include pregnancy within 3 months of death) Major findings of aperations. 15. Birthplace March College Brown Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	12. Name Scorge Color- Marjors	Other conditions
14. Malden name. 15. Birthplace 16. Intermant Address Address Address Address Address Address Action and a control of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	\$ 13. Bight and and lee med.	
16. Intermant Address Address Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	5 Com Blessoth Barley	(Include pregnancy within 3 months of death)
Antopsy results. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	marche 1	Major findings of nperations
Addressa PHYStCtAN: Please underline the cause to which death should be charged statistically.	El 15. Birthplace	
Address Turkella, Tucko	16. Interment	
	Address Juandella sudo	
Bate thereof Nov. 3-47 22. VtOLENCE: It death was due to external causes, fill in the following:	1. Burnel nov. 3-47	10/
(Burial, cremation, or removal, Which?)		
Cemetery or crematory (City or town) (County) (State)	Cemetery or crematory Mulliula Cena.	Where did Injury occur?
Mandala Maryland latitud at home farm Industry public place (where?) Oct leaves.	Mardila Maryland	
Location Months & Wallet & Mesans of Injury Bullet would injured at work? 200	LOCATION TO THE MAN TH	
18. Funeral director	1B. Funeral director	
Address Saluting Maryland 23 SIGNATURE Coloners. History 2000	Address Saluffing Maryland	on constitute tolians of theistery ruge
11/3 Luy. Algorith Columba De recolumb Comment D. or other	11/3 Luy. Agegat & Opl	

RESERVED FOR BINDING

MARGIN

PLEASE WRITE PLAINLY, WITH UNF is especially important.



ADING INK. Supply every item of information carefully. Yn Physicians: please write the causes of death clearly and legib

WRITE PLAINLY, WITH UNF. is especially important.

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

137a

09455

CERTIFICATE OF DEATH

Reg. Diat. No. 3.33

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).
County W. Connec	State Md County Someract
(If outside city or town limits, write RURAL and give nearest town)	City or town Plant of a small
How long in above place of death? Hospital, institution, or street address where death occurred;	(If outside city or town limits, write RURAL and give nearest town)
Vermonla General Hospital	Street No. 316 Handulan and
How long in hospital or institution?	2.(a) Il veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Brown noal	218-20-248-6
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male married	20. DATE OF DEATH. Det 7- 19 4.7 21 26.
6.(b) Name of husband or wife. I sale (Brasse)	21. I CEATIFY that death occurred on the date above stated; that I attended deceased from
G. (c) If alive, give age 73 years	1947 10 19 19 11
7. Sirth date of deceased (mo., day, yr.) Will 13. 1885	and that I last saw handlalive on 19.7
8. AGE: Years Months Days If less than one day	Immediate course of death DURATION
5 7min.	
9. Birthpiace (Town, county, and state)	Due to
10. Usual occupation Manually	
11. Industry or husiness Same as alesses	Due to
HH 12. Name Ame H Brace 12. Biftholace 12 amalacum 2 a.	Other conditions
13. Birtholace Hamtauer va.	
# 14. Maiden name Failella	(Include pregnancy within 3 months of death)
14. Maiden name Thilella 15. Birthplace Appleses 22 a	Major findings of sperations.
max 40 to Beauty	Antopay results. Date of op.
Address Phinles and American	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Bornf, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Dt mayers Qct 9 1947	Where did Injury occur?
Location West Cades Office	Injured at home, farm, Industry, public place (where?)
18. Funeral director Agants 14 Settings	Means of Injury Injured af work?
Address Salinbury and	THE CONTROL OF MICE.
19. 10/9, 10 HT Hacace Ff. John	29. SIGNATURE M. D. or other



VS A15

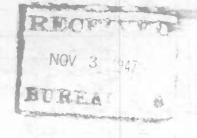
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09456

CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH Of County County	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or fown. (If outside city or town limits, write RURAL and give nearest town)	State Many Count Mc Drico County
How long in above place of deafh?	Oily or town limits, write RURAL and give nearest town)
	(If rural, give LOCATION)
Row long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Olice & Carey	3. (b) Social Security Number
4. Sex School or race (6.(a) Single, married, widowed, or different flowers.	MEDICAL CERTIFICATION 20. DATE OF DEATH OCT 19 1 1/30 M
6.(c) Name of husband or wife	21. LERTIE Frat Ceath occurred on the date above stated; that I attended deceased from 19.47 to 19.47 to 19.47
7. Birth date of deceased (mo., day, yr.) 1892	and that I last saw h.l. alive oo
8. AGE: Years Months Days If less than one day	Immediate cause of death Observation Characteristics April 1988 Ouration Characteristics Characteristi
9. Birthplace Sklavak	Que to.
10. Usual occupation 14 34 9 1	
11. Industry or business	Due to
12. Name Stilliam Rickards	Other conditions Desalector metholics 1540.
	(Include pregnancy within 8 months of death)
14. Malden name all states of the states of	Major findings of operations.
16. Informant Dilliams Lynch	Antopsy results
Address millstro	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Buriai, eremation, or removal Which?) Date fhereof (Month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory	Where did injury occur? (City or town) (County) (State)
tocation years allowed the second of the sec	Injured et home, farm, industry, public place (where?) Means of injury Injured af work?
Address Address	22 SIGNATURE AT AUX M Levres MIL
19. 10/20, 19 11 / Hagaie & Thu	23 SIGNATURE M. D. or other Address Mallauds M. Date signed 10-17-41



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

09457

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH!	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County County County	State Mary County Willow	uco
City or town		
How long In above place of death? 54 MILANA	(If outside city or town limits, write RURAL and give no	earest town)
Hospital, institution, or street address where death occurred:	Street No.	
V	Street No. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security	Number
Sear J. Carly		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Hill Lingle	20. DATE OF DEATH OXXXXV V5 19.47	,al //.50 A M
6,(b) Name of husband or wile	21. I CERTIFY that death occurred on the date above stated; that I allended dec	
6 (c) II alive give age	1-1-47 - 19 10 10-28	
7. Birth date of 2 2 2 1 alive, give age years	and that I last saw b	19
deceased (mo., day, yr.)	Immediate cause of death	DURATION
8. AGE: Years Months Days II less than one day	Grebal Kimowhages -	
54 3 2,hrsmln.		
Everyland Muonia, M.		***************************************
9. Birthplace All (Town county, and state)	Due 10. The natheusin	1-2 cha
(das)		
10. Usual occupation	Due to	
11. Industry or business	•	
12. Name Man Mills	Other conditions	
13. Birthplace Openie Co. M. V.		
a is simple of the interest of	(Include pregnancy within 8 months of death)	
E 14. Maiden name	Major findings of operations	
2 15. Birthplace Milonico Co., Md.	Dale of op.	
Min Manail Manail		
16, informani	Autopay results	d atatistically.
Address Auclina, M.		
10/27/47	22. VIOLENCE: Il death was due to external causes, fill in the following:	/
(Burial, cremation, or removal Which?) Date thereof (day) (year)	Accident, suicide, or homicide	···×
Cemetery or crematory Assertation Assertation	Where did injury occur?	(State)
Connected of Connected of the Connected		
Location Milliand	Injured at home, farm, Industry, public place (where?)	
18. Funeral director & O TKILLA STANDER G.,	Means of Injury Injured at work?	
10.1 m	7 1 1	~
Address Hallkung, M.	25 SIGNATURE of the of. dawny V	7,0.
19 10/87, 19 H/1 Hara at 4, Johns	M.D	or other
()ate rec's by registrar)	Address Javelland 11 Date signed	10-23 11



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VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEA

2411 N. Charles St., Baltimore

09458

CERTIFICATE OF DEATH

Reg. Dist. No. 939

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)
County	7-1-0
City or town (If outside city or town limits, write RURAL and give nearest town)	State Many County County
	City or town A Donner Quester
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Rena Callier	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemale Calord married	20. DATE DE DEATH OSTALES 14 19/7 21 130 A M
mp ' fo . pp'	
B.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
C (a) Id allies also and	Oct 2 1946, 10 Oct 14- 1947
7. Birth date of	and that t last saw halive on
deceased (mo., day, yr.) Rechecown. 1893	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
6. AGE.	Tomusua of Balder Litterin
5 4min.	
10 D To do the Dud	
8. Birthplace. (Town, county, and state)	Due to
10. Usual occupation.	
	Due to
11. Industry or business	
12. Name llus of souls 13. Birthplace	Dither conditions
EV 40 011-1-1	PINO CONDITIONS
13. Birthplace	(Include pregnancy within 8 months of death)
14. Maiden name. Lettle White	
	Major findings of operations.
15. Birthplace Yuck	Date of on.
Mena To-Din	
18, Informant	Autopsy results
Address Mestones - RIQ weed	PHYStCIAN: Please underline the cause to which death should be charged statistically.
B -6 11 11 11 11 11 11 11 11 11 11 11 11 11	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17 Dural Date thereof / 1 + / - 7 /	
(Burial, cremation, or remouni. Which?) (month) (day) (year)	Accident, sutcide, or homicide
Cemetery or crematory / Cavelle Flacks	Where did Injury occut?
12 00 m 10	
Location / Level / Call Mrs. somere	Injured at home, farm, Industry, public place (where?)
111:00' ble do 000	Means of injury Injured at work?
18. Funeral director College Towns Towns	
Address Transfess dure Med	100 (15)
AUDIO22 / MANUELLA MILLE ATTOCK	23 SIGNATURE Cless Feibler 2010
11 /15 We to facel	M. D. or other
(Date rec'd by registra)	Address Dalla See Man Date signed 154 47

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MARYLAND STATE DEPARTMENT OF HEALTH

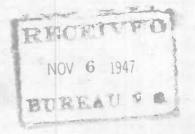
2411 N. Charles St., Baltimore

09459

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0	1	2	MOM	10	1047	CERTIFICATE	OF	DEATH

			5	2	
Rog.	Diat.	No.		\subseteq	

FLM 110. G 1 13 NOV 12 1947	CERTIFICATI	E OF DEATH	Reg. Diat. No. 33
1. PLACE OF DEATH: County Cou		City or town. (If outside city or town lin Street No. (If rural, g	County L. L. Co
How long in hospital or institution?		2.(a) If veteran, name war	
3.(a) FULL NAME Samuel Con	way		3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, marrie	d, widowed, or disfreed	MEDICAL 20. DATE OF DEATH	CERTIFICATION
	Conway e, give age demand years	//-	19 47 10 11 October 19 47
7. Birth date of deceased (mo., day, yr.) Wec, 25, 18	582	and that I last saw h	
8. AGE: Years Months Days If le	ess than one dayhrsmin.	Immediate cause of doath	Thermbox 7 dlup
9. Birthplace Burgess Store, nor (Town, county, and state)	Chumber Cand Co, Va	Due to Ortero see	brosis
10. Usual occupation		Due to	
12. Name Fellerto Co	e, Val.	Other conditions	3 months of death)
14. Malden name		Major findiogs of uperations	
16. Informani Lessie Barelay		Aotopsy results	
Address Date thereof	10 / 14 / 47 (month) (day) (year)	22. VIOLENCE: If death was due to external Accident, suicide, or homicide	Dale of
Cemetery or crematory. A carle of	Coli Cesw.	Where did injury occur?(City or tow injured at home, farm, industry, public place	
18. Funeral director. C., Y.	sick_	Means of injury	Injured at work?
Address Revalve, n	nd.	23. SIGNATURE De la d	& Sounders WD
19. (Date zec'd by registrar)	Registrar	Address Martherpl	Wal Date signed 3 Och 4



PLEASE

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

940

09460

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Niconical City or town Dalishury	State Maryland county Viconico
(If outside city or town limits, write RURAL and give nearest town)	City or town Sharptown
How long in above place of death? 9 days	(If outside eity or town limits, write RURAL and give nearest town)
Hospital institution, or street address where death occurred: 1. D. Nospital - Salishury Md.	Streel No
How long in hospital or institution? 9 days	
	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number 221-03-4110
4. Sex \$/Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH Stoken 28 1947, 21/239, N
8.(b) Name of husband or wife Radie P. Croungton	21. I CERTIFY that death occurred on the date above stated; that Lattended daceased from
7. Birth date of	00. 19.7 10. 00. 00 19.7
7. Birth date of deceased (mo., day, yr.) 4 -5 - 1890	and that I last saw h. ** alive on
8. AGE: Years Months Days If less than one day	Immediais cause of death DURATION
57 6 23hrsmin.	access to the second of the se
0 0 0	accessor of glay
9. Birthpiace (Town, county, and state)	Due to
10. Usual occupation Carpentar	and the second
	Due fo
11. Industry or business	
₹ 12. Name	Other conditions
2 13. Birthplace Sharptown, Maryland	(Include pregnancy within 3 months of death)
14. Maiden name Margaret E. Selly 15. 9irthplace Nr Sharptown, marylan	Major findings of operations.
2 15. 9irthplace nr - Sharptown, marylan	Oate of op.
20 linde Commatan	Autopsy results.
16. Information	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Sharptown, naryland	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cometery or crematory. Turemense Cemetery	Where did injury occur?
Location Sharptown, maryland	Injured at home, farm, Industry, public place (where?)
no A Grand & Branch	Meens of Injury Injured at work?
Address Sharptown maryland	Namil Grane on D
AUDIESS PORTE OF THE PROPERTY	23. SIGNATURE M. Daor elder M. Daor elder
19. (Date of d by registrar)	Addres f
The state of the s	



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

460

CERTIFICATE OF DEATH

09461

1. PLACE OF DEATH & Portice	2. USUAL RESIDENCE (HOME) OF DECEASED: (For semborn infacts give residence of mother)
County	State Md of a count / ke comes
City or town	Salution
How long in above place of death?	(If outside city or town limits write R. RAL and give nearest town)
Hospital, Institution, or street address whate-death occurred:	Street No. 308, Harry
	(If rural, give COOFFION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Sloves S. De	3. (b) Social Security Number
1. Sax 5. Color or sact sta) Single, married, widowed, or divorced Market Married	MEDICAL CERTIFICATION 2D. DATE OF DEATH OF THE PROPERTY OF TH
6.(b) Name of husband or wite Millie Davis	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h ! Mailve on actally 17 19 47
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one dayhrs.	min. Cullinous of Callin 2 mon
9. Birthplace	Due to
10. Usual occupation Latruce	
11. Industry or business Pull Italy	Due to
	HIMISALIM
12. Name New Islampsh	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Latter In . affold	Major findings of operations austless of Calcum
E 15. Birthpiace Multiple	Date of op March 2014
16. Interment rank & Davis	Autopsy results
29 1 Relieston an Bel	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / K. according to the 21-4	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or celematory fauthur Cim	Where did injury occur?
16 listain marchand	
Location	Injured at home, farm, industry, public place (where?)
18. Just director man Co. / select 16. Mile	Messa of Injury Injured at work?
Address Salully Med	7 AGS, SIGNATURE PASCULLE
10 10/21, 10HT, Harriet Ay	Dhussing 10 471 Lussin St and 10:21:47



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

ATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
State County City or town (If outside city or town limita, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war MEDICAL CERTIFICATION 2D. DATE DF DEATH 19.47. at 2.47. a
State County County County County County County County County or town County Co
City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. MEDICAL CERTIFICATION 2D. DATE DF DEATH 19 47 at 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Street No
(If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 19.47.
MEDICAL CERTIFICATION 2D. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that lattended deceased from 19.47. 19.
MEDICAL CERTIFICATION 2D. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that lattended deceased from 19.47. 19.
MEDICAL CERTIFICATION 2D. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 19. 17. 10. 19.
2D. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
Oct. 10 1947 10 Oct. 1/ 194
1918
1000
and that I last saw h alive on 1977
Immediate cause of death Sympton
nin. Hemotyhaar 24 hrs
Due to
Due to
Dther conditions
(Include pregnancy within 3 months of death)
Major findings of operations.
Date of op.
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide
Where did Injury occur?
Injured at home, farm, Industry, public place (ychere?)
Means of Injury /Injured alwork?
Ma 1 / hall
23. SIGNATURE LAVIE . School M. D. conther
rar Address 504 Canadan & Date signed CT. 12 Kg

RECEIVED

OCT 21 1947

DURATION

(State)

MARYLAND STATE DEPARTMENT OF HEALTH

information carefully. The correct age of death clearly and legibly. 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. Non 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newhorn infants give residence of mothe Wicomics ALIS DURU (If outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL Now long in above place of death? Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long In hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION item of i 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that fattended deceased from 7. Birth date of deceased (mo., day, yr.) Months If less than one day 8. AGE: Years ADING INK. Physicians: pl 1D. Usual occupation 13. Birthplace (include pregnancy within 3 months of death) especially PLAINLY, is especially PHYSICIAN: Please noderline the cause to which death should be charged statistically. WRITE niured at home, farm, Industry, public place (where?)

FOR BINDING RESERVED ASE



WRITE PLAINLY, WITH L'NFADING INK. Supply every item of information caref is especially important. Physicians: please write the causes of death clearly

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 3.3.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Wicomica	
City or town. Salishung, Maryland. (If outside of or town limit, write RURAL and give nearest town	State MARYLAND COUNTY WORChester
	City or town
How long in above place of death?	(If outside city or town limits, write KUKAL and give hearest town)
PENINSULA GENERAL MOSPITAL	Street No
This is a second of the second	
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mr. cesa e	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Newborn	- 101
THE VOINTE TOCOBORTO	20. DATE OF DEATH October 75 19 47 21 949
6.(b) Name of husband or wife	21. I CERTIFY that death occurred oo the date above stated; that I attended deceased trom
	19 to 19 %
7. Birth date ot	and that I last saw h 27 alive on 18
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Krisens VIIIE
	7min.
9. Birinplace & Calisting, Wilonico, mary l	Osona Due to.
(Town, county, and state)	
10. Usual occupation	Oue to
11. Industry or business	
12. Name William E. Green	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name alvirta mae green 15. Birthplace New york	Major findings of operations
V 15 Richard Mark Wark	
13. Brimpiace	Oate of op.
16. Informant Seriousula Diepital	Autopsy results
Address - Lalesbury md.	PHISICIAN: Flease underline the cause to which death should be charged statistically.
0 1 7 101	22. VtOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
1 2 11 20	Where did injury occur?
Cemetery or crematory	
Location Dalislering maryland	Injured at home, farm, Industry, public place (where?)
Con die Manual N	Meens of Injury Injured at work?
18. Funeral director	D. //
Address Solislereng mariland	- Resinues a Kaplan his
11/8 10 00 1 200	23. SIGNATURE M. D. or other
19. (Dita recidity registres)	egistrar Address 29 44 Mall Date signed 7 tor 4



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09464 Reg. Dist. No.3.3.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wiconico	(For newborn infants give residence of mother)
City or town Tyaskin	State Md County Lillet Man
(If butside city or fown limits, write RURAL and give nearest town)	City or town
How long in above place of death? Lefeture	(If optside city or town limits, write RURAL and give nearest town)
Hospitai, Institution, or street address where death occurred:	. Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Quelia Mander	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
3.5000 01 01 01 01 01 01 01 01 01 01 01 01	
t lot widowed	20. DATE OF DEATH Oct. 6 1947 at 11:30 P.M
Para 200 000	21. I CERTIFY that death occurred on the date above stated; that callended deceased from
6.(6) Name of husband or wife Carry Dandy	10 etaber 1947 19 6 October 1947
7. Birth date of 9 July 2015	
7. Birth date of deceased (mo., day, yr.) July 4, 1877	end that I last saw h. L. alive on 60 ctober 1947.
8. AGE: Years Months Days It less than one day	Immediate cause of death
o. Aut.	Cerebral New or hage ordays.
70 . Jnin.	Hansalaus Protesta 2
8. Birthplace Ingastin Ulcomes, md.	Due to Deportus con Contro - 2
(Town, county, and state)	1 Boilinte
10. Usual occupation 10 oreservate	Duo to.
11. Industry or business	DUU TU
12. Name William Conway	Other conditions
\$ 13. Pirthplace Tyakin, md.	(Include pregnancy within 3 months of death)
14. Maiden name Sally Convay	
I S	Major findings of operations.
2 15. Rirthplace Tyashow, mali	
16. Informant Shelley Hand	Autopsy results.
Address Iraskin Ind.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
10/0/11/9	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. New Loren Cemelary.	Where did injury occur?
Gemetery of Crematory	
Location Ly arkers, M. d.	Injured at home, farm, Industry, public place (where?)
18. Funeral director & es messicals	Means of Injury Injured at work?
n 0 0 - 0	1 1 0 011
Address Budlue, md	23 STONETURE Takend of Sounders WD
11/9 47 P. W. Walter	M. D. or other
19. (Date réc'd by registrar) Registrar	Address Date signed Date signed

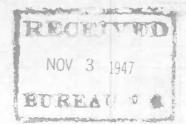
NOV 6 1947

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1. PLACE OF DEATH: County City or town (If outside city or town jimits, write RURAL and give nearest town) How long in above place of death? Hospital institution, or street address where death occurred: Street No. (If rural, give LOCATION) 1. PLACE OF DEATH: (If outside city or town jimits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2. (a) If veteran, name war 4. Sex 5. Color or raze 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 7. All Manual 20. DATE OF DEATH. 21. All Manual 22. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State (If outside city or town limits, write RURAL and give nearest town) City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2. (a) If veteran, name war 3. (b) Social Security Number 4. Sex 5. Color or raze 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. All Manual 22. DATE OF DEATH. 23. (b) Social Security Number	
4. Sex 5. Color or race 8. (a) Single. married, widowed, or divorced MEDICAL CERTIFICATION Medical Certification 20. Date of Death	
Male White Married 20. DATE OF DEATH OCTOBER 24 18 47, 21 7	
8.(b) Name of husband or wife 1944 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day One of the second of th	Y Z
9. Birthplace. (Town. county, and stage) 10. Usual occupation. 11. Industry or business? Due to. Due to.	
12. Name JUNN W. Tractings 13. Birthplace Wichnico W. Tractions (Include pregnancy within 8 months of death) 14. Maiden name Wichnico W. Tractions 15. Birthplace Wichnico W. Maiden Major Endings of operations Date of op.	
16. Informant Mas. Al. J. Mustange Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17. Date thereof Date thereof (month) (day) (year) (Burlai, cremation, or removal. Which?) Cemetery or crematory WMANNICO MENNICO Where did injury occur? (City or town) (County) (State)	
Location Alles Hung The State of Injury to Inj	20

VS A15



WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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09466

CERTIFICATE OF DEATH

Rev. Dist. No. 333

	Reg. Dist. No.
1. PLACE OF DEATH: County Wicomico	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Salis bury, Maryland	State Delaware County Jussey
How long in above place of death? SALS - 4 ROURS Hospital, Institution, or street address where death occurred:	City or town (If outgoine city or town limits, write RURAL and give nearest town) Street No. 9 1000 Street
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Holf MAS KebA ELIZABETH	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Markied	MEDICAL CERTIFICATION 20. DATE OF DEATH OCTOBER 6# 19 47 21 930 P
5,(b) Name of husband or wife. MR. Elmere Hott	20. DATE OF DEATH 22. 21. I CERTIFY that death occurred on the date above stated; that large degree deceased from
7. Birth date of	
7. Birth date of deceased (mo., day, yr.) SEPT 11, 1899	
8. AGE: Years Months Days If less than one day 48 0 26	min. Immediate cause of death OURATION
9. Birthplace. LAUREL SUSSEX DELAWARE (Town, county, and state)	Oue to
10. Usuat occupation	Oue to
11. Industry or business OWN HOME 12. Name J.W. TRUITT	Other conditions Francisco Lesina
13. Birthplace PARSONBURY MARYLAND	
# 14. Maiden name SARA C. WHEATLEY	(Include pregnancy within 3 months of death)
14. Maiden name SARA C. WHEATLEY 15. Birthplace GALESTOWN, MARYLAND	Major fiedings of operations Officery of the Contract of the C
16. Informant ELMER HOLT	Aalopsy results
Address SEAFORD, UELAWARE	PHYSICIAN: Please underline the cause to which death should be charged statistically.
BURIAL Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory ODD FILOW'S CEMETERY	Where did injury occur?
Location SEAFORD, DELAWARE	Injured at home, farm, industry, public place (where?)
18. Funeral director Medford Lwalson &	Maans of Injury Injurged work?
Address SCAFORD, DEZAWARE	- Hall G Justa Jus
19 10/9, 10d 1 Hagge & Doh	23 SIGNATURE M. D. or other



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VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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09467

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County. Wicomico. City or town. Salisburg. Maryland (If outside fity or town limps, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: FENINSULA GENERAL STOOP THAT How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hookins dillian	none_
4. Set Jemale S. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH OCTOBER 7 PM 19 47 31 10 PM
6.(b) Name of husband or wife Levin Hopkins.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one-day hrs. min. 9. Birthplace	and that I list saw h
10. Usuat occupation	Pro-10
11. industry or business	QUE 1Q
12. Name Bayard H. Brown 13. Birthplace Weomics County Maryfand	Other conditions
14. Maiden name Mary a. Sampson	
A (1.	Major findings of operations.
	Date of op.
16, Informant Noch Hopkins	Aolopsy results
Address Mandels Springs Maryland R.FO.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burish Date thereof October 11, 1947 (Burial, cremation, or removal. Which) Cemetery or crematory San Domingo Counterry	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)
Jacobia Near Sharptown Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director for transfer and Son	Means of Injury Keroane of the topic of the
Address thakralsburg, Maryfrad	23. STONATURE TO VOICE TO THE METERS OF THE PROPERTY OF THE PR
19. 10/9, 18 HV Halace 18: 10h	work of the first hed gown. D. or other



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BINDING

MARGIN RESERVED

PLEASE WRITE

CERTIFICATE OF DEATH

09521 Reg. Dist. No. 3.3.3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:
county Wieomieo	State Maryland. Coun	
City or town. SRIS DURY (If outside city or town limits, write RURAL and give nearest town)	- 7	
How long in above place of death? J. G. L.	City or town SALIS DURAL (If outside city or town limits,	write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	streel No. 102 Cheshut	street.
Peninsula general Hospital	(if rural, give L	
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
tohnson, MR. Sidney.		
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
male, w Indiner	20. DATE OF DEATH Det. 30	19 1/2 , 21 502
6.(b) Name of husband or wife agree Burn Johnson	21. I CERTIFY that death occurred on the date above	
S (c) If allow give age.	Q C 23 19 4	10 act 30 19 4.
7. Birth date of deceased (mo., day, yr.) Jan, 8, 1868.	and that I last saw h. A stive on	CT < 9 19.45
8. AGE: Years Months Days It less than one day	Immediate cause of death	DURATION TO THE PROPERTY OF TH
79 9 VVhrsmin.	walny	
Minhin a M.	ch. mul	1
9. Birthplace Town, egunty, and state)	Due to.	Σ. Σ
10. Usual occupation. Setul	(1) 12.	1
11. Industry or business U. F. Mail Carrier A Poscal Class	Due to	<i>y</i>
12 Name Villiam II, Marie	Other conditions	
12. Name Allan II. Atabas 13. Birthpiace Myoners G., M.S.	(Include pregnancy within 8 me	
14. Maiden some May Sleans	(Include pregnancy within 3 m	onths of death)
15. Ris Muspies Con Md.	Major findings of operations	
= 15. Bin	••••••	Date of op
16. Informan	Antopsy results	
Address 45 Spencer (ine), Janeara, 1a.	PHYSICIAN: Please underline the cause to whi	ch death should be charged statistically.
12 11/1/1/2	22. VIOLENCE: If death was due to externat caus	es, till in the following;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide	Date of
Cemetery or crematory Palsons	Where did injury occur?(City or town)	(County) (State)
Solidary m. d.	Injured at home, farm, Industry, public place (whe	
Location Description Control Co	Means of Injury	Injured at work?
18. Funeral director	• N.A.	.04
Address Fallkhuig, Md.	23. SIGNATURE	m.Q.
19. 11/1, 19 H/1 Hacaret & D	wan Sistem	M. D. or other
(Date reg d by registrar) Registrar	Address	Date signed U

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH: County Wicemise	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
City or town Salisbury, Maryland (If outside city or town paits, write RURAL and give nearest town)	State MARYLAND County WORCHAS TOO City or town OCEAN CAY (If outside city or town/limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Peninsula General Hospital	(If rural, give LOCATION)
How long In hospital or Istitution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5 tolor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temple Colored MARRIED	20. DATE OF DEATH October 176 1947 21 10 35 P. W
6.(6) Name of husband or wife the form of husband or wife the husb	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
7. Birth date of	and that I last saw h Py alive on Oct 17 19.4)
deceased (mo., day, yr.) be 1 10 - 18 99	Immediate cause of death
8. AGE: Years Months Days If less than one day	
48 1 8hrsmin.	General turnsage
9. Birthplace Crown, county, and atate)	Due to Hey purlumen
10. Usual occupation. La fallal wife	Due to
11. Industry or business Same and alcove	
# 12. Name Cunfagours	Other conditions
₹ 13. Birthplace Cunhaueu	
14. Maiden nameQualanta	(Include pregnancy within 3 months of death)
14. Maiden name Unfantsuur 15. Birthplace Unfantsuur	Major fiedings of operations
El 15. Birthpiace United and the second and the sec	- Date of op.
16. Informant of the Homes	Actorsy results
Address Ollan Very ma	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Busine Date Grebt Olt 28-1947	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Beslin I mad	Injured at home, farm, Industry, public place (where?)
18. Funeral director James Hi Stewart	Msens of injury Injured at work?
Address (Dalushury and	4 0-C X- 0.
19. 10 / 88, 10 HT, Radate & gloch	23. STONATURE M. D. or other M. O. o

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE

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NOV 3 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09469

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (If obtaide city or town limits, write RURAL and give nearest town)
How ione in hospital or institution? How ione in hospital or institution? One of the hospital or institution?	Street No
	. 2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
4. Sex 5/Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale c	20. DATE DE DEATH OCT. 2.3 19 47 21 448
6.(b) Name of husband or wife J. D. L. L. E. S. L. L.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 1883	and that I last saw has alive on 3 19 17
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION 4 days
9. Birthplace Wastower Somerset Md.	Due to abdornal Tanon
1D. Usual occupation	Due 10.
11. Industry or business	- 000 10
12. Name	Other conditions
H 14. Maiden name unhouse 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace	Major Hadings of operations
16. Informant Traces James Princess	Autopsy results
Address Mt. Veryon md. Post of Gill. 17. Buriot Date thereof Ct 17 1947 (Buriol, cremation, or removal, Which?) (Buriol, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or remajat. Which?) (month) (day) (year) Cemetery or crematory	Where did injury occur?
Location mt. Vernon- In Anne mo.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Charles Donnell	Means of injury Injured at work?
Address Phiness Jung, Ind.	23. SIGNATURE Transport M. D. or other
19. (Date sec'd by registrar) 19. Registrar	Address Price ance Date signed 10124

NDING INK. Supply every item of information carefully. The correct age physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH is especially impor-WRITE PLEASE

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PLEASE-WRITE

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an.	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 7.7.7

	Reg. Dist. No. 2. 2. 3.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Hicksella	State Maryland County Account
City or town(If outside city or pwn limits, write RURAL and give nearest town)	delilum
How long in above place of death?	City or town
Hospital Institution, or street address where death occurred:	Street No. 301 9. Missesse St.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Medley. Mr. Semuel 1.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male 4 hunes	20. DATE OF DEATH Cutaker 14 19 47 21/2 p. 1
5,(b) Name of husband or wife Isale 13. Madday	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 7 2 years	10/11 1947 10 19/14 1947
7. Birth date of	and that I last saw h alive on 1947
deceased (mo., day, yr.) 8. AGE: Years Manths Days Mess than one day	Immediate cause of death
77 0 V4min.	
find a m	e causa augus
9. Birthplace (Fown, county, only state)	Due to
10. Usual occupation	
(P) (1)	Que to
11. Industry or business	
12. Name statetan and on M.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
14. Maiden name Stady Co., M.	Dale of op.
16. informant Pald. S.A. Madday	Autopsy results.
Address BOI A Similar St. Faleshury, M.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 1 10/16/1/2	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (sear)	Accident, suicide, or homicide
Cemelery or crematory Austral	Where did injury occur?
Location Insishus, M.S.	tnjured at home, farm, industry, public place (where?)
18. Funeral director of al Dully Marino G.,	Means of Injury Injured at work?
Address Faliabuin, M.S.	100m 5 5 1 2000
1x/11/ 11/2 10 10 10 10 10 10 10 10 10 10 10 10 10	23. SIGNATURE. M. D. or other
(Date rec'd by registrar)	Address Saleshan Seed Gate signed 10/14 47

OCT 21 1947

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09472

T. PLACE OF D	ico		2. USUAL RESIDENCE (HOM) (For newborn infants give resider	nce of mother)
Cily or town JA	sbury, MARY toutside fity or town life	Land its, write RURAL and give nearest town)	State Maryland	· /-
How long in above pla Koppital, institution,	or sireet address where de	ath occurred:	Sireet No. 508	Amits, write RURAL and give nearest tov
How long in hospital	or Ustitution? 3 day	Clospital	(If rural 2.(a) It veteran, name war	, give LOCATION)
3. (a) FULL NA	ME Moses			3. (b) Social Security Number 2/5-26-466
4. Sex Male	Colored	6.(a)Single, married, widowed, or divorced MARRIED	MEDICAL 20. DATE OF DEATH, CO.,	L CERTIFICATION
6.(b) Name of husbar 7. Birth date of deceased (mo., da	<i>G</i>	5.(c) It alive, give age 60 y	21. I CERTIFY that death occurred on the diseases and that 1 last saw h	aie above slaied; that I attended deceased from
8. AGE: Ye	Months Months (Town, et	Days It less than one day 28hrs.	Immediate rule of death	tlaroses 100
10. Usual occupation		Sea Flood Topache	Due to. Can	die dilitation
12. Name	Ilvin Z	Manuel	Other conditions	
14. Malden nam	ne Zenk	"	Major findings of operation	hin months of death) Dale of op
16. Informant	Pocomo	he md		to which death should be charged statistics
Annual Control	ion, or removal, Which?)	Date thereol. (month) (day) (year)	Accident, suicide, or homicide	Date of
Location	Stock	on 724	Injured at home, farm, Industry, public plane	
1B. Funeral director	Poens	who liter me	Robe	& R. Sta
		1500	23 SIGNATURE	M. D coner

OCT 21 1947

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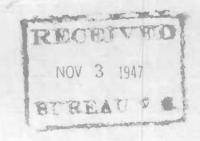
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

09473

	LEKTIFICATE OF DEATH	Reg. Dist. No
1. PLACE OF DEATH: Come County County City or town limits, write RURAL and How long in above place of death? Hospital, instilution, or sweet address where down occurred:	(For newborn in fints given earest town) City or town	" /// Comme
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Emma M	& Daniel	3. (b) Social Security Number
4. Soz 5. Color or race 6.(4) Single, married, wi	20. DATE OF DEATH.	DICAL CERTIFICATION 19 19 19 19 19 19 19 19 19 19 19 19 19 1
6.(b) Namo of husband or wife 6.(c) If alive, given the date of	Dead years May	I on the date above stated; that I attended deceased from 19.14.7, to
8. AGE: Years Months Days If less th	hrs min	Tulesculous 9mo-
9. Birthplace	land Due to.	
10. Usual occupation	Due fo	
12. Name 12.	yankan (thelude pregn	aney within 3 months of death)
14. Maiden name Mannin (Male 18 18 18 18 18 18 18 18 18 18 18 18 18	met.	Date of op.
Address 07. N. Balto. are, Sa	hatun Physician: Please underline	the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	onth) (day) year) Acident, suicido, or homicide	Dato of
Location Lawrence - Wallet	. 10 . 68	(City or town) (County) (State) public place (where?)
Address Italian med	23. SIGNATURE	el & Grame M-re
19. Date red by registred 19 Af La Cashel	Registral Address Selection	Hey m. D. or other July 27/44.7

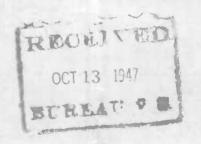


	2411 N. Charle	ea St., Baltimore
	CERTIFICAT	TE OF DEATH Reg. Dist. No.
ormation carefully. The cordeath clearly and legibly	1. PLACE OF DEATH: Bounty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town of the county
	3. (a) FULL NAME Ines Mills	3. (b) Social Sect
	4. Sex 5. Color or page 8.(a) Single, married, widowed, or divorced Lemale a. a.	MEDICAL CERTIFICATION 20. DATE OF DEATH
ARGIN RESERVED FOR BIN FADING INK. Supply every if Physicians: please write the	6. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays It less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation 11. Industry or business 12. Name (County) 13. Birthplace (County) 13. Birthplace (County)	21. I CERTIFY that death occurred on the date above stated; that I attende 19 19 to 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10
SAINLY, WITH UN:	14. Maiden name. Jacky Sarker 15. Birthplace Stapleton, of Lavida. 16. Informant. Hudy Jarker Address of Mallond and	(Include pregnancy within 3 months of death) Major findings ul operatiuus
WRITE PI	tocation of the state of the st	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
VS A15	18. Funeral director de la	23. SIGNATURE Les L. Laury m Address Fruitland Baie s

CATION) 3. (b) Social Security Number TIFICATION stated; that I attended deceased from DURATION hs of death) death should he charged statistically.

Injured at work?

M. D. or other



. .

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

469

09474

CERTIFICATE OF DEATH

Rog. Dist. No.

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
County WICOMICO				Stale Maryland		
City or town			URAL and give nearest town)			
Now long in above place o	death? 47	vears		City or lown	its, write RURAL and give near	rest town)
Hospital, Institution, or s	treet address where t	leath occurred	:	Street No. 415 East		
415 Ea	st Stree	⊋t		(If rural, gi	ive LOCATION)	
How long in hospital or 1	nstilution?			2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security 1	Number
M	yrtle Ar	ina Ni	lblett		214-10-844	0
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	White	Mar	rried	20, DATE OF DEATH. Octob	er 18 147	15 D W
				21. I CERTIFY that death occurred on the date :		
8.(6) Name of husband o	wifeLes.te	er Nil	olett	October 1 1	47 october	- 18 10 47
	***************************************	8.(4	c) It alive, give age46years	and that I last saw he.ralive, on	Lbe 12+	10 47
7. Birth date of deceased (mo., day, yr.	Aug.	10.190	00	Immediate cause of death.	er of Jan -	DURATION
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death	1 1/	DORATION
47	2	8	hrsmia.			
			are	Due to		* *************************************
			are	Due (d		***************************************
10. Usual occupation	Seamst	cess		Due to.		***************************************
11. Industry or business	7			Due to		
	edhury l	Tincer	nt	Olher conditions		

	Greenwoo			(Include pregnancy within	3 months of death)	-
				Major findings of operations	94.04.00.000.000.000.000.000.000.000.000	90180800000011111000100000000000
15. Birthplace	Delmar	Dels	aware			
				Astopsy results		
Address 415 East St. Delmar. Delaware				PHYSICIAN: Please underline the cause to	which death should be charged	statisticaDy.
				22. VIOLENCE: If death was due to external	causes, till in the following:	
Burial Date thereot Oct. 21, 1947 (month) (day) (year)			ot Oct.21,1947	Accident, suicide, or homicide		
Cemetery or commotory Mt. Olive Methodist				Where did injury occur?(City or town		
				(City or town Injured at home, tarm, Industry, public place		
Location Delmar Delaware			// -		(where?)	
18. Funeral director. M. S. Marvel Co,			vel Co,	Means of Injury	Injured at work?	
Address Delma Delaware			Omene	M.V.A	Toules 4	w.
AUDIESS VICTOR VICTORIAN			2//	23. SIGNATURE	/M. D.	or other
(Date rec'd by reg	1944.)	Hass	M & Hudson Registrar	Address Climan	Date signed	



MARYLAND STATE DEPARTMENT OF HEALTH

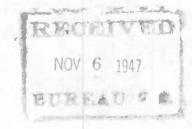
CERTIFICATE OF DEATH

8. AGE: Years Months Days It less than one day 9. Birthplace Manual Committee of the state of t	2411 N. Char	rles St., Baltimore 8300	
Clip or town. A County of the	CERTIFICA	TE OF DEATH Reg. Dist. No	337
3. (a) FULL NAME 3. (b) Social Security Number 4. Set	County	State County County County City or town County County County City or town City or town limits, write RURAL and give neare Street No. (If rural, give LOCATION)	
4. Sex S. Color or race 16. (a) Single, married, widowed, or divorced Male Caler Wadowed 6. (b) Name of husband or wite-Amale 11 alterated deceases from the date above stated; that I alterated dateases from the date above stated and the date above stated and the		. 2.(α) If veteran, name war	
Male Calv Widowas 6.(b) Name of husband or wite Mule 7 Multin 21. I CRITIFY that death accurred on the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended the date above states: that I attended deceases from the date above states: that I attended the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended deceases from the date above states: that I attended the date above states: that I attended deceases from the date above states: that I attended the date above states: the date above states	3. (a) FULL NAME Bay Mutter	3. (b) Social Security N	umber
7. Birth date of deceased (mo. day, yr.) 8. AGE: Vears Months 2 these than one day 3. Birthplace Months 4 9 9. Birthplace Months 11. Industry or husiness 12. Hame Months 13. Birthplace Months 14. Maiden name. Hambath Balling 15. Birthplace Months 16. Integraph Mandath Balling 16. Integraph Mandath Balling 17. Birth date of operations. 18. Actionsy results. 18. Actionsy results. 19. Autopsy results. 17. Birth date of operations. 18. Actionsy results. 18. Actionsy results. 19. Autopsy results. 17. Birth date of operations. 18. Actionsy results. 18. Actionsy results. 19. Autopsy results. 19. Autopsy results. 19. Autopsy results. 2 VIOLENCE: If death was due to external causes, fill in the following: Actions, or moved. Which Mandath	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	(Bot 1.24 147	at31
8. AGE: Years Months Days to less than one day 49 Due to	7. Birth date of P 4 1 2 1 C C year	25 April 1947, 10 14 Octo	sed from FCR. 19
Birthplace 10. Usual occupation. 11. Industry or husiness 12. Name	8. AGE: Years Months Days It less than one day	Cerebral Acuovloge	DURATIO 1 CLA
12. Name	a Birthnigea MA	Due 10. artereo sceleroses.	\$
12. Namo	10. Usual occupation	Due to	***************************************
13. Birthplace 14. Maiden name. 15. Birthplace 16. Interplace 17. Date thereof. (Burial, cremation, or amoval. Which?) 18. Fulfield discourse 19. Date thereof. 19. Date of	11. Industry or husiness		***************************************
14. Maiden name	12. Namo Mulam Mula	Dther conditions	• • • • • • • • • • • • • • • • • • • •
16. Information of the should be charged statistic states of the control of the c	\$ 13. Birthplace Miconica Ct. Ma	(Include pregnancy within 3 months of death)	
16. Informaph Date of op. Address Pantical Physician: Plass underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: P	14. Maiden name Hementle Barbley		
Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistic PHYSICIAN: Please underline the cause to which death should be charged statistic 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State Injured at home, farm, industry, public place (where?) Injured at work?	15. Birthplace Wicomice com md		
Address Accident, suicide, or homicide	Mas & ansul Francis	Autonsy results	
17. Bate thereof. Bate thereof. (month) (day) (year) Cemetery or crematory. (City or town) (County) Locattor	Ma train Manuela	PHYSICIAN: Please underline the cause to which death should be charged at	tatistically.
Cemetery or crematory Anticophe (month) (day) (year) Cemetery or crematory Anticophe (County) Locattory Injured at home, farm, Industry, public place (where?) Injured at work?	D 34 176 -1 A	22. VIOLENCE: If death was due to external causes, fill in the following:	
Cemetery or crematory. Manuscope Complete: Where did injury occur? (City or town) (County) (State Locattory Injured at home, farm, industry, public place (where?) Injured at work? Injured at work?	(Burial, cremation, or emoval. Which?) Date thereof (month) (day) (year)		
Location Injured at home, farm, industry, public place (where?) When the farm of injury injured at work? Injured at home, farm, industry, public place (where?) Injured at home, farm, industry, public place (where?)	Many and complete	Where did injury occur?	(State)
Halfan Funeral Home Leins, Williams of injury injured at work?	LOCATION MANTICORO MA		
D: Read Med	11-11	Means of injury injured at work?	
W I I A COMPANIE COMP	18. Fullified director August 1997	1	
23 SIGNATURE DE CONTROL DE CONTRO	Address francis ame Ma	, 23. SIGNATURE J. chard A touch	W W
19. / // Naltu Address Aut 18.4 Date signed Acceptance Bate signed Acceptance Address Aut 18.4 Date signed Acceptance Address Address Address Acceptance Address Addre	19 11/17 1947 M. M. Walter	M. D. 01	4.0



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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE

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ARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

(19476 Reg. Dist. No. 333

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant kive residence of mother) Stale
3.(a) FULL NAME Zuoses Robert Zuiter	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. October 4 19 47 21 8 26 P.
6.(b) Name of husband or wife 3.6.(c) It alive, give age 2.8	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birlhplace	Due to Lego
11. Industry or business 12. Name	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Address Dalighay and Rhoy 2	Antopsy results
Cemelery or crematory Location 17 (Burial, cremation, or removal, Which? Cemelery or crematory Location Location	Accident, suicide, or homicide
18. Funeral director Address 19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	Maans of Injury Address M. D. or other Address Date Signed Court Sign



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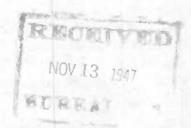
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County prining County	State My County 2/ remies
(If outside city or town limits, write RURAL and give nearest town)	mad
How long in above place of death?	(If outside city or town Umits, write RURAL and give nearest town)
Hospital, Institution, or street address where Beath occurred:	Street No. 2124th Street
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Comery alderson	
4. Sex 5. Cher or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Col. Sente	20, DATE OF DEATH UCT 24 1947 21 550
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	Oct 22 10 47 10 Oct 24 10 47
7. Birth date ot 7.0 of the first state of 7	and that I last saw h. alive on Oct 24 19.47.
deceased (mo., dsy, yr.) / 8 7 4	Immediais cause of death
o. AGE.	
83hrsmln.	A A
9. Birthplace	Due to Jamenia nephrilis
00	
10. Usual occupation.	Oue to Castio agocula Menal
11. Industry or business	Synanome
12. Name	Other conditions.
	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations
\$ 15. Birthplace enforce	
16, Informant Esta Ferguell	Antopsy results
Address Salis herry Mr.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
7. 30 / 1917	22. VIOLENCE: It death was due to external causes, till in the following;
(Burful, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Australia	Where did lajury occur? (City or town) (County) (State)
Location Salis Gerry The	Injured at home, farm, Industry, public place (where?)
1 2 - bus 6 - 1011 n/k	Means of Injury Injured at work?
18. Funeral director	-60)
Address Salis Thury 100	23. SIGNATURE. M. D. or other
19. 10/1 & 9, 19 dy Carace & By the	M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH 830

2411	N.	Charles	St	Baltimore

CERTIFICATE OF DEATH

09523

Reg. Diat. No. 333

	CERTIFICATE OF DEAT	%3° Reg. Diat. No. 333
County City or town (If outside city or town limits, write RURA How long in above place of death? Hospital, institution, or street address where death occurred: How tong in hospital or institution?	(For newborn info	CE (HOME) OF DECEASED: Ints give residence of mother) County County Chaw alk Ide city or town limits, write RURAL and give nearest town) (If rural, give LOCATION)
3. (a) FULL NAME Was) Claye	(va) Plippin	3. (b) Social Security Number
4. Sex Solor or race 6.(a) Single, mar	ried, widowed, or divorçés /	MEDICAL CERTIFICATION C.A. 77 19.47. 21. 7.4
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If	live, give age years and that I last saw b.d.	occurred on the date above stated; that I attended deceased from 19.4. to 21.26. 19.4. Valive on 21.4. DURATION
9. Birthplace Multinuts (Given, county, grid state) 10. Usual occupation Pelitural Multinuts (Town, county, grid state)		
12. Name Classes Co. State 14. Maiden name Assass Co. State 15. Birthplace Lucses Co. State 15. Birthplace 15. Birthpla	2001	pregnancy within 3 months of death)
16. Informant Address Wellster M. Address	Autupsy results	Date of op
(Burial, cremation, or removes, Which?) Cemetery or crematory Cemetery or crematory	(month) (day) (year) Accident, suicide, or hom Where did injury occur?	was due to external causes, fill in the following: Colde
Location 200 N	Means of Injury	Injured at work?

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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09477 Reg. Diat. No. 333

CERTIFICATE OF DEATH

ounty	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rups), give LOCATION) 2.(a) th veteran, name war.
(a) PULL NAME	3. (b) Social Security Number
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21.
. Birth date of deceased (mo., day, yr.) AGE: Yeare Months Days It fess than one dayhrsmin.	21. I CERTIFY that death provided on the date above etated; that I strended deceased from 19. 4.7., to 2
(Town, county, and state) 0. Usual occupation	Due to Con Tem Tal heart Sessase (Ani-Socular Unitable + Due to Patent Joramen orble)
12. Name Quesele 13. Birtholace 14. Name Quesele 15. Name Quesele	Other conditions (Include pregnancy within a months of death)
14. Maiden name 15. Birthplace	Major fiediogs of operations (Anal (AP))
Address Edge WD.	Actopsy results
(Burial, eremation, or femoval, Which?) Cemetery or crematory. Order of the control of the cont	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Location Lalineum ma	Injured at home, farm, industry, public place (where?)
Address Salis were M.	00 M D
9. 10/6 Date pe'd by registrar) 19 4 1 Hagget 12 John Registrar	23. SIGNATURE M. D. or other Address 800 W. Main I Date signed 19/4/47
	5 bury mg



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46b

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
County	State Maryland county Duconics
City or town	116 Head Min Al.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Salisalums, M.
Alainsul Lewing Marquel	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Janes P. Saibare	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mile Sthite muriel	20. DATE OF DEATH PURSUE 7 1947, St 28, M
8,(b) Name of husband or wife ASLALL , Subsum	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	and that I last saw but alive on 37 1847
deceased (mo., day, yr.) Mall 73, 1880.	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Careron of
68 6 14hrsmin.	Slove of July
B. Birthplace Mills (Town, county, and state)	Due to.
10. Usual occupation Adabaman Opelata	Due to
11. Industry or business	
12 Name Letter Santaire	Other condition Melaslasers to dues V
13. Birthplace Sulle	P
mi 13. Birmplace	(Include pregnancy within 8 months of desth)
# 14. Malden name	Major findings of operations. Ochoug mules
15. Birthplace	Date of op.
16. Informant Md. Dessil J. Surger	Antopsy results
Address 116 Meet Mar St., Salechung, 128.	22. VIOLENCE: If death was due to external causes, till in the following:
(Burisl cremation or removal Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Time Manual Polo	Where did injury occur?
Cemetery or crematory Add Add States	Injured af home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director. Al Mild A Market	4/
Address Salisating, M. A.	23. SIGNATURE A / Care
19. / Coale revolution of the Coale of the C	Address Date signed S. 4.7



MARYLAND STATE DEPARTMENT OF HEALTH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	se
How long in above place of death?	City or town	st town)
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Eslith Mac sho	eples 3.(b) Social Security Nu	ımber
4. Sex 5. Char project 6.(a) Single, warried, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH.	8-
6.(b) Name of husband or wife. D. 6.(c) It alive, give age.	21. I CERTIFY that death occurred on the date above stated: That I attended decease	
7. Birth date of deceased (mo., day, yr.) March 18- 1887	and that I fast saw hall alive on flag.	
8. AGE: Years Months Days If less than one day	Immediate cypse of death	DURA
9. Birthplace Dame Reach Md	Due to.	
10. Usual occupation.	Due to.	
11. Industry or business 12. Name 13. Birthagee A Danie Reacte 14. A Danie Reacte 15. Birthagee	Dithey conditions	
13. Birthfige	(Include pregnancy within 3 months of death)	
14. Malden name Martha Groung 15. Birthpiaco anno Martha Groung	Major fiediogs of operations	
16. Information and Aladelers	Aotopsy resolts	
Address 10 # 4 Salutyun Ma	22. VIOLENCE: If death was due to external causes, fill in the following:	donceny
(Buriat, cremation, or remove Whigh?) Date thereot (month) play (year)	Accident, suicide, or homicide	
Cemetery or grematory / flurens line.	Where did injury occur? (City or town) (County)	State)
Location Tref	Injured at home, tarm, Industry, public place (where?)	
10 That the may to Wille R. Hills	Mans of Injury Injured at work?	
II IUG PROMI UNCUM	1 1 11/1	-

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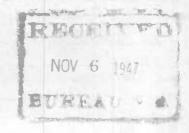


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County Williams	
City or town Juashus	State Md. County Leliconico
(Woutside city or town limits, write RURAL and give nearest town)	City or town Texashen
How long in above place of death? 7-4-5-5	(If getside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
4	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veleran, name war. Spanush usalhalas
3. (a) FULL NAME	3. (b) Social Security Number
Harry Gordon Stewart	
4. Sex 95. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m W married	20. DATE DE DEATH. 0 et 21 1947 at 7:15A:M
8.(b) Name of husband or wite Lellean Stewart	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
8.(b) Name of husband or wite	210ct 1947, 10 210ct 194)
7. Birth date of	
7. Birth date of deceased (mo., day, yr.) may 30, 1874	and that I last saw h MM stire on 2 CO Cheffer 19 47
	Immediato canse of death DURATION
0. 70	Massey walkal Mill Corliage 15 new.
73 4 20hrsmin.	
9. Birthplace Unicksville - This	Due to
(Town, county, and state)	
10. Usual occupation Petices	Due to
11, industry or business	
12 Name George V. Stewart	But a salitana
	Diher conditions
13. Birthplace William	(Include pregnancy within 3 months of death)
# 14. Maiden name. Emma Bessury	
6	Major findings of operations
15. Birthplace Unitable	Date of op
16. intermant Lellicen Stewart	Actopsy results
7 0 0 1	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address Sycastom, Ma.	22. VIOLENCE: if death was due to external causes, fill in the following;
17 Butial Date thereof 10/24/47	
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory willington lemetery	Where did injury occur?
Location Cerlington, Va.	injured at home, farm, industry, public place (where?)
18. Funeral director C. H. Messeck	Meens of injury Injured at work?
Address Busalve, md.	D. O. i O H. Samuelin Med.
10/63 10 12/10/ 01	23. SIGNATURE 12 SO SEE TO SEE M. M. Dorochid
19. 1 2 19 47 1 1 1 1 1 1 1 1	andward vg. L. H. Radenta Matitus Myp
(Date rec'd by registrar)	Address Date signed 21 Cat 1



MARYLAND STATE DEPARTMENT OF HEALTH

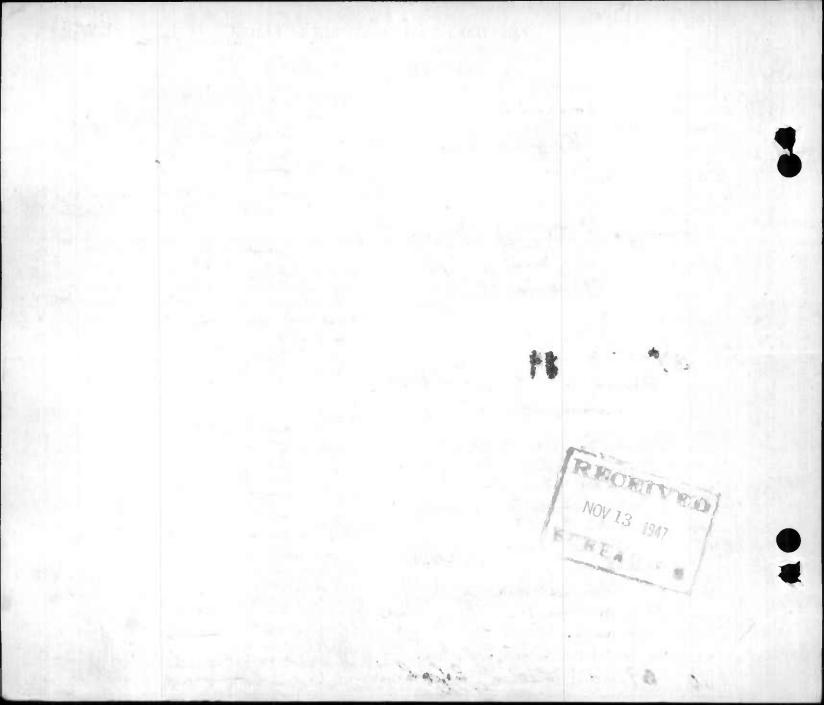
CERTIFICATE OF DEATH

	Keg. Dift. No
1. PLACE OF DEATH: County Salar State Sta	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Manyland, County Wicky
City or town (If outside city or town limits, write RURAL and give nearest town)	05.00
How long in above place of death? about 15 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 503 Mana ST
503 morre St	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
arona almeta Stevenson	
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female aa married	20. DATE OF DEATH Det . 26 19.4. 7 21 2 30 N
6.(b) Name of husband or wife Brodgie Stevenson	21. I CERTIEN that death occurred on the date above stated; that I attended deceased from
Or 1 to 6 mm	hen 1844 to det 22 19
7. Birth date of	and that I last saw here alive on the half
deceased (mo., day, yr.)	Immediate came uf death
8. AGE: Years Months Days It less than one day	Recurrent CAD
37 9 1 min.	
	Alland -
9. Birthpiace Dames Surarter Somerset Co. W	Que to
1D. Usual occupation.	Due to
11. industry or business Sama	
12. Name Gaorga T. White 13. Birthplace Dangs Quarter Maryland	Other conditions
13. Birthplace Sames Quarter Maryland	
14. Maiden name Sellie Fields 15. Birthplace Dames Quester, Maryland	(Include pregnancy within 3 months of death)
5 man of the man of	Major findings at operations.
	Date of op.
16. informant Cannson White	Autopsy results
Address 503 moore St. Salebing, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Dames Quarter	Where did injury occur?
To the mind	Injured at home, tarm, Industry, public place (where?)
Location Campo Survey	Means of Injury Injured at work?
18. Funeral director James F. Stewart	
Address 40 2 E. Church St, Salsbury Me	1 22 SIGNATURE HILLIAM D. Gray but
19. 10 By registrar 19 d. C. Haviel & Registrar Registrar	M. I. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corner is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.333....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	2-1 1/2 0/20	a render
City or town	State County County	
How long in above place of death?	(if outside city or town limits, write RURAL and give hear	est town)
Hospital, Institution, or street address where death occurred:		,
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
Jeonge Denny Von I	3. (b) Social Security N	lumber
4. Sex 5 Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	20, DATE OF DEATH 66 64 19 Y)	7 45
Cart : 11-4	21. I CERTIFY that death occurred on the date above stated; that I attended decea	
S.(b) Name of husband or wife	LOCY V2 19 10 60 OCV	
6.(c) If alive, give age 44 4 years		
- 7. Birth date of deceased (mo., day, yr.)	and that I last saw h. M. alive on 60 C	
8. AGE: Years Mobins Days It less than one day	Immediate cause of death	OURATION
o. Add.	and army warmer	
9. Birthplace WESTERMUNDE, GERMAN)	Ove to	20 min
10. Usual occupation DECLOATOR		200000000000000000000000000000000000000
	Oue to	***************************************
11, Industry or business		***************************************
12. Name PGEGR N YONLIENGNIA STATE AS STATE OF THE POST OF THE POS	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name REBECOA BUSCHT 15. Birthplace GERMAN		
CEA W.	Major findings of operations.	
	Oate of op.	
16. Informant Non EN YON LIENEN	Autopsy results	tatistics By
Address WILLAGEDS MD RJ.D.		tatistically.
0. 10110111	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, c emation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory MA Successful Comments of the Comments o	Where did Injury Occur?	(State)
W. W. L. PIN	Injured at home, farm, industry, public place (where?)	
Location	Meens of Injury Injured at work?	
18. Funeral director		
Address Bestin med	23. SIGNATURE HERMAN a Robbin	
1+/14 We so as to Ool.	M. D. o	r other
19. 10 19 of Produce & Sight	See So Shely her has seen	2001 (1)

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CERTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For purpose infants give residence of mother) State
3. (a) FULL NAME We bster Mr. Willia.	3. (b) Social Security Number
Male White Married, widowed, or divorced Male White Married 6.(a) Single, married, widowed, or divorced Male White Married 6.(b) Name of husband or wife Dorothy GRier	MEDICAL CERTIFICATION 2D. DATE DF OEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Day's If less than one day 27 4 2hrs. min.	and that I last saw h. I.XXI. alive on 10 - 4 - 4 7 19.4 7. Immediate craft of death DURATION
9. Birthplace	Oue to Other conditions Deute Typesdaytes Machinery Malmiles
14. Maiden name Alla Tara 15. Birthplace Criple Mile 16. informant Mas Gellison Webster Address Places Miles	(Include pregnancy within 3 months of death) Major findings of aperations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause in which death should be charged statistically. 22. VIOLENCE: 11 death was due to external causes, fill in the following:
Date thereof (mphth) (day) (year) Cemetery or crematory (Location (mphth) (day) (year)	Accident, suicide, or homicide
18. Funeral director Address 19. J. J. J. J. J. J. J. J. J. F. Galland J.	73 SIGNATURE AND AND OF OTHER MAN DO OTHER MA

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MARYLAND STATE DEPARTMENT OF HEALTH

7. Birth date of deceased (mo, day, yr.) 8. AGE: Teat: Months Pays If less than one day 8. AGE: Teat: Months Pays If less than one day 10. Usual occupation. 11. Industry or begings and Manufacture 12. Name. 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. 17. William of the constraint of the constraint of the constraint of the constraint of the constraint. 18. Actionsy results. 19. Violence: It destit yas due to before a causes, filly in the following: 17. (Burial, cremation, opposited, which) 18. Foneral director of the constraint of the const	age	2411 N. Charle	ea St., Baltimore
County to the following in addition city of purposed with a purposed with a purposed to the following in addition of the following i	rect	CERTIFICAT	TE OF DEATH Reg. Diat. No
Now long in hospital or institution? It was a second to the state of t	fully. The	City or town	State County (If outside city or town limits, write RURAL and give hearest town)
8. (b) Name of husband or wife. Many 18. (c) It alive, give age 20. Date of BEATH. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. (c) It alive, give age 20. Date of BEATH. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. (c) It alive, give age 20. Date of DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. (c) It alive, give age 20. Date of DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. (c) It alive give age 20. Date of death. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I consider th		How long to hospitat or institution?	(If rural, give LOCATION)
8. (b) Name of husband or wife. Many 18. (c) It alive, give age 20. Date of BEATH. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. (c) It alive, give age 20. Date of BEATH. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. (c) It alive, give age 20. Date of DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. (c) It alive, give age 20. Date of DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. (c) It alive give age 20. Date of death. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I attended deceased from 19. (c) I consider that I consider th	death	3. (a) FULL NAME harles Thomas West	3. (b) Social Security Number
8. AGE: Yeat: Month: Fays: It less than one day W. W. Condition of the contribute o	n of inf uses of	4. Sex M 5. Color or race 6.(a) Single, married, widowed, or divorced	
7. Birth date of deceased (no. day, yr.) 8. AGE: teyr Months bys If less than one day 10. Usual occupation 11. Industry or begings and Manufacture 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. 17. Birthplace 18. Maiden name. 19. Manufacture	ry iter the ca	5	21. I CERTIFY that death occurred on the date above stated: that I attended doceased from
Due to	y ever	7. Birth date of deceased (mo., day, yr.) Sub- 4 gth 1881	
10. Usual occupation. 11. Industry or begings and Manufacture 12. Name. 13. Birthplace 14. Maiden name. 15. Informant. Address 16. Informant. Cemetery or cremator. Cemetery or cremator. Cemetery or cremator. Cemetery or cremator. Location 18. Funeral director. Major findings af operations. Date of op. Accident, suicide, oy hymicide. Where did injury occupy. Major findings of operations. County July. Accident, suicide, oy hymicide. County July. Accident, suicide, oy hymicide. Injured at home, tarm, industry, public place (where?). Major findings af operations. Date of op. Accident, suicide, oy hymicide. Major findings af operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged st	Supplease v	o. Add	Sweide fram hous in
The conditions of the conditio	INK.	Kelind	Due to. Phys. Fonds > 2634
HALLING 14. Maiden name 15. Birthplace 16. Informant Address 17. (Burian, cremation, oxferbooks, Which) 18. Eucation Location Location Address Add	ADINC Physic	t1. Industry or bugings Sarrel Manufacturer	and much depression
Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill, in the following: (Burial, cremation, oyferworkii, Which?) Cemetery or crematory. Cemetery or crematory. Location. Location		El m. Herri: Eller	Them requires received in gyrs
Address Address PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; (Burial, cremation, oyrepowli, Which?) Cemetery or crematory. Cemetery or crematory. Location Location Bate thereot. (City or town) (County) (County) (State) Means of Impured at home, tarm, Industry, public place (where?) Means of Impured at work? Injured a	parts .	30.	Date of op
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18. Funeral director Johnson Clay Mans of Legisty Crange Conference of Miles Address Occompte City Md)-mi	(Burial, cremation, or reproval, Which?) (month) (day) (year)	Accident, suicide, or homicide. Que of Control of Contr
Address Storyte way 100 23 STENATURE & Castorius W. Commune		There all late	The state of the s
19. 10 3 (Wate registra) 19 To Toalsaiet & Million to to to the Coly Male signed	4	10 10 131 XY Haggiet & Joh	M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

County County	. /	1. PLACE OF DEATH:	
City or town	200	/// / / / /	2. USUAL RESIDENCE (HOME) OF DECEASED:
Street No. 1 Stree	00		2/1
Street No. 1 Stree	7	(If outside city or town limits, write RURAL and give nearest town)	State County Mutthe
Street Manual or institution, or remaphy which is the recent form. Street Manual or institution. Street Manual or institut	Z Z	How long in above place of death?	City or town. Allekhung
Now long in houghtst or institution? 2.(a) If referan, pame was: 3. (b) Social Security Number 3. (c) FULL NAME 3. (b) Social Security Number 4. Spr. S. Color or race S. Ca) Singlin, married, informed or directed MEDICAL CERTIFICATION 5. Color or race S. Ca) Singlin, married, informed or directed MEDICAL CERTIFICATION 5. Color or race S. Ca) Singlin, married, informed or directed MEDICAL CERTIFICATION 70. Date of DEATH. 19. 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	Hospital, Institution, or street address where death ocquired:	31/40/ 1/1/
3. (a) FULL NAME 3. (b) Social Security Number 3. (c) FULL NAME 3. (d) FULL NAME 4. Spr) 5. Color or care 5. (c) Simple, married, without or diversed MEDICAL CERTIFICATION 20. DATE OF BEATH 21. I ESTIFF, that death occurred on the date above stated; that system of prepared topy of deceased (mo. day, yr.) 4. Spr) 8. AGE: Years Months Days If the state and day 19. Birthplace Married or company or deceased (mo. day, yr.) 10. Usual occupation. 11. Industry or bustness 12. Rapid Lellung Married or deceased (mo. day, yr.) 12. Rapid Lellung Married or deceased (mo. day, yr.) 13. Birthplace Married or deceased (mo. day, yr.) 14. Maiden name Married or deceased (mo. day, yr.) 15. Birthplace Married or deceased (mo. day, yr.) 16. Intermed or deceased (mo. day, yr.) 17. Washington or company within a month of deceased (mo. day, yr.) 18. Intermed or deceased (mo. day, yr.) 19. Lecation or cremingly within a month of deceased (mo. day, yr.) 19. Lecation or cremingly within a month of deceased (mo. day, yr.) 19. Lecation or cremingly within a month of deceased (mo. day, yr.) 19. Lecation or cremingly within a month of deceased (mo. day, yr.) 19. Lecation or cremingly within a month of deceased (mo. day, yr.) 19. Lecation or cremingly within a month of deceased (mo. day, yr.) 19. Lecation or cremingly within a month of deceased (mo. day, yr.) 19. Lecation or cremingly within a month of deceased (mo. day, yr.) 19. Lecation or cremingly within a month of deceased (mo. day, yr.) 19. Lecation or cremingly within a month of deceased (mo. day, yr.) 19. Lecation or cremingly within a month of deceased (mo. day, yr.) 19. Lecation or cremingly within a month of deceased (mo. day, yr.) 19. Lecation or cremingly within a month of deceased (mo. day, yr.) 19. Lecation or cremingly within a month of deceased (mo. day, yr.) 19. Lecation or cremingly within a month of deceased (mo. day, yr.) 19. Le	7	304 Sight St.	The state of the s
3. (a) FULL NAME 3. (b) Social Security Number 4. Set 5. Color or take 8. (a) Simple, married, widowed, or diversed MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY And the daily occurred on the date above stated, final stated frequency to the date above stated from the date above stated, final stated frequency within a month of date to the date above stated as a final stated from the date above stated as a final stated from the date above stated as a final stated frequency within a month of date the date above stated cause, fill in the following: 16. Interment from or removed Wilchelp frequency within a month of date and the date above stated causes, fill in the following: 17. Interment for or removed Wilchelp frequency within a month of dates from the date of the date above stated causes, fill in the following: 18. Function or removed Wilchelp frequency within a month of dates from the dates above stated causes. Fill in the following: 18. Function or removed Wilchelp frequency within a month of dates from the dates frequency within a month of dates from the dates frequency within a month of dates frequency within a mont		How long in hospital or institution?	
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MEDICAL CERTIFICATION 3. (a) Name of hubband or wife	3	_ (and file) If	(A)
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7. Birth date of deceased (no. day, yr.) Pully 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1)	6 (b) Name of humand or wife Ar. 12, 26 (X)	21 LOCATION 4-1-1-1
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day Is mediate copie of death. DUBATION 9. Birthplace Months Days It less than one day DUBATION 10. Usual occupation. Due tage Due to Due to Due to 11. Industry or business Due to Due to Due to 12. Name Major findings of operations Due to Due to Due to 14. Maiden name Major findings of operations Due to Due to Due to 15. Informant Major findings of operations Date of op. Address D + Capt Due to Due to Date of op. Address D + Capt Due to Due to Date of op. Address D + Capt Due to Due to Date of op. Address D + Capt Due to Due to Date of op. Where did Injury occur? City or town) County) County) County Due to D	1		21. 1 Cartir I mat death occurred on the date above stated; that Lattended degrased from
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day Immediate cases of death DUBATION 9. Birthplace Months Days If less than one day Immediate cases of death DUBATION 10. Usual occupation. Due to Due to Due to 11. Industry or business Due to Dubation Due to 12. Name Major findings of operation Major findings of operation Date of op. 14. Majden name Major findings of operation Date of op. 15. Birthplace Major findings of operation Date of op. 16. Informant Major findings of operation Date of op. 17. Major findings of operation Date of op. 18. Funeral director Major findings of operation Date of op. 19. Major findings of operation Date of op. 10. Usual occupation Date of op. 11. Industry or business Date of op. 12. Violence: If death was due to external causes, fill in the following: 13. Birthplace Major findings of operation Date of op. 14. Major findings of operation Date of op. 15. Birthplace Major findings of operation Date of op. 16. Informant Major findings of operation Date of op. 17. Major findings of operation Date of op. 18. Funeral director Date of op. 19. Major findings of operation Date of op. 10. Country Date op. 10. Country Date op. 11. Industry op. Date of op. 12. Country Date of op. 13. Birthplace Date of op. 14. Major findings of o	2	7. Birth date of S. (c) If alive, give age years	J 19 19 19 19 19 19 19 19 19 19 19 19 19
S. Birthplace Address			and that f last saw k alive on
9. Birthplace Sold Sold Sold Sold Sold Sold Sold Sold		8. AGE: Years / Months / Days If less than one day	Immediate came of death
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9. Birthplace. Address 30 4 County Date thereof Address Competer or cremator, or removal Whitehall County Accident, suicide, or homicide. If death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of where did injury occur? 18. Funeral director. If address 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		min.	
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16. Informant	1		Holher there of delle
16. Informant		# 14. Maiden name Auf J. June	(include pregnancy within 3 months of death)
16. Informant		of the same of the	Major findings of operations.
Address 30 4 Cap St. Falishury, 705. 17. Sulling Date thereof. (Burial, cremation, or removal, Which) Date thereof. (Burial, cremation, or removal, Which) Cemetery or crematory (City or town) Location All J. Marian of injury occur? 18. Funeral director. Injured at home, farm, industry, public place (where?) Address January 9. Manns of injury 19. Manns of inj		11 13. Biringrace Manager C.	
Address 30 4 Company of the control		16. Informant W. T. T. T. Third	
22. VIOLENCE: If death was due to external causes, fill in the following; (Burial, cremation, or removal, Which)) Cemetery or crematory Location Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Address Address Address 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		Address 304 Vist Al Alit mo	PHYSICIAN: Please underline the cause to which death should be should be should be
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Cemetery or crematory Ally Mel Church Location Ally Dykonics II 18. Funeral director Address Address Talichury D. 19. Addres			
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18. Funeral director Al Delle Harry Mans of Injury Injured at work? Address Talibury MA. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		Cemetery or crematory MAN THE CHICA	Where did injury occur?
18. Funeral director. It I I I I I I I I I I I I I I I I I I		Location aller Misones The	(City or town) (County) (State)
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19. 11/2, 19dy Gazai & Johnson Carre L. Hurn		18. Funeral director de	Means of injury Injured at work?
19. 11/2, 19dy Gazai & Johnson Carre L. Hurn		Address Falshaul M	0 11 11
19. (Date receiptor registrar) 19 dy 11. Wasself Strain Registrar Address 703 MORT Churches signed 10 2/4		sammy / Kg.	23 STANATURE Clarker & Klubs
(Date rec. by registrar) (Date rec. by registrar) Address 2. (D. M. U.A. Churches signed.) 1. 2. (4)		18. 19dy 18dy 18 aga & J. O.	what and along to all M. D. or other
Jose signed.	11.	(Date rec'd by registrar)	Address T. O. M. W. Church almost 10 2 1
			Tobac Signed.



WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09483 Reg. Dist. No. 3.3.3....

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3. (a) FULL NAME	3. (b) Social Security Number	
Wooters		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH	1:25
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	45
	0d.18 1947 10 0d.15	
7. Birth date of deceased (mo., day, yr.) Oct. 18-1947	and that I last saw hecaiive on	
8. AGE: Years Months Days If less than one day	Resportory factors 9 4	Parion .
9. Birthplace & Orlisbury Wilcomus, Maryland	Due to.	
10. Usual occupation	Due to	• • • • • • • • • • • • • • • • • • • •
11. Industry or business		
12. Name Wooters, Jennings Sel 13. Birtholace Bethel Delaware	Other conditions (Include pregnancy within 3 months of death)	•••••
# 14. Maiden name Slateliers, Blanche alice		
60 0000	Major findings of operations.	
14. Maiden name Slatellers, Blanche alies 15. Birthplace Samel Ollaware 16. informant Research Linear Longitud	Date of op.	
0 -0	Autopsy results. No. Advantage Sundling is. PHYSICIAN: Please underline the cause to which death should be charged statistical	lly.
Address Salishury, maryland.	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. (Burial, cremation, or semoval, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide	
(Burial, cremation, or semoval. Which?) (month) (day) (year)	A	**************
	Where did Injury occur?(City or town) (County) (State)	
Location Salislering, maryland.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Immedia Survial Dongertal	Means of Injury Injured at work?	
Address Salisburg, manyland	23 SIGNATURE amold H. Welleans M. H.	
19. 10/20, 19 HT, Harriet & John	Town I ment son	14 47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County Meaning	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Mardela springs - Burst (If outside city or town limits, write RURAL and give nearest town)	State Manyland County Macanica
How long in above place of death? 10 years	City or town Mardela Larraga - Russell (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: **Mardela - Sharbtown Road**	Street No. Mardela - Sharptown Road
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) tf veteran, name war
alice V. Wright	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Demale White Married	20. DATE DF DEATH Qetoker 23 19 47 31 12:50 A
8. (b) Name of husband or wife Harry J. Wright	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	Jaeuray 1 10 1947, 10 Octolag 20, 47
7. Birth date of deceased (mo., day, yr.) December 5, 1913	and that I last saw h evalive on O Notes 21 ct 19 4
8. AGE: Years Months Days If less than one day	Immediair cause of death DURATION Concurrence of Uterras DURATION
33 10 18hrsmln.	carria o a rouge
9. Birthplace Galestown Dorchester County Maryland (Town, county, and state)	Due to
(Town, county, and state) 10. Usual occupation	
	Due to
11. Industry or business	
12. Name Charles Doran Y 13. Birthplace Grassboro New Jersey	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Bersia Hardy 15. Birtholace Survey County, Delaware	Major fiediags of operations
2 15. Birthplace Survey County, Delaware	Date of op.
16. Informant Harry J. Maight	Autopsy resolts
Address Mardela Springa Maryland, P. F.D.	PHYSICIAN: Plesse underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Cometery or crematory Hise Crest Cometery	Where did injury occur?
Location Laderalsburg Maryland	Injured at home, farm, Industry, public place (where?)
16. Funeral director of g. Framptom and Son	Means of Injury Injured at work?
Address Dederalsburg manyfaud	23. SIGNATURE d'illian Engrerle
	M. D. on other
19. 10/25/47 19. Whitetion	Address Helyre- Ind Date signed Oct 234



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

50. 2411 N. Ch.	DEPARTMENT OF HEALTH arles St., Baltimore 730 ATE OF DEATH Rog. Diat. No. 233
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME 3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
10 mile C Widower	20. DATE DF DEATH. School J. J. 19. 47. at 11. 25 p. n. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife 6.(c) If alive, give age ye 7. Birth date of deceased (mo., day, yr.) Pole. 3/, 1893 8. AGE: Years Months Days If less than one day 5 4 9 14 hrs. m 9. Birthplace full truvelles Western and atate) 10. Usual occupation Supplementary and atate 11. industry or business	ars and that I last saw here dive on 18 4 7. Immediate cause of death DURATION
HIAMI HAND HAND HAND HAND HAND HAND HAND HAND	Dither conditions (Include pregnancy within 3 months of death)
Address Gesterville, Ind.	Major findings of operations
TYDE Comparison or removal. Which?) Comparison of compari	Accident, suicide, or homicide
18. Funeral director C. S. Messich L. John	Means of Injury Injured at work? 23. SIGNATURE Color Think Tours M. D. or other M. D. or other Address Date signed 1/16, 4.

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OCT 21 1947

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